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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Commissioner of Patents PO Box 1450 Alexandria, VA 22314-1450 Fax (703)872-9306	Serial No:	09/403,744
	Filing Date:	1/3/2000
	First Named Inventor:	HOFFMAN
	Group Art Unit:	1742
	Examiner:	COMBS
	Attorney Docket No:	99215

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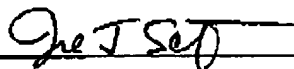
I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 28666.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name Ira J. Schultz

Signature

Date


2-25-05

Telephone (703)837-9600, ext. 23

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.

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